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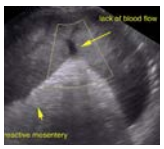
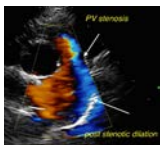
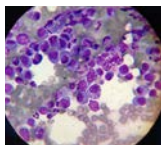
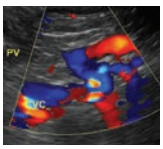





SonoPath.com
1-800-838-4268 info@sonopath.com

PATIENT
Misha Martindale

SPECIES
Feline

BREED
DSH

SEX
Spayed Female

AGE
9 Years 10 Months

WEIGHT
11.6 Pounds

INTERPRETED BY
Beth Johnson, DVM DACVIM

IMAGING PERFORMED BY
Dr. Scott

HOSPITAL NAME
Ho-Ho-Kus VH

REFERRING VET
Dr. Scott

INVOICE
44032

DATE
1/6/23

PRESENTING CLINICAL SIGNS

Vomiting almost every meal- will keep down small portions of wet food. worse with dry all else is normal has a good app

Abnormal PE/Chem/CBC/UA Results: No weight loss CBC/Chem/T4/UA was normal when came in in march for the same thing

ULTRASONOGRAPHIC EXAMINATION OF THE ABDOMEN

Urinary System

The urinary bladder is moderately distended with anechoic contents. No masses, inflammatory changes, echogenic sediment or cystoliths are observed. The urinary bladder, trigone and visible pelvic urethra are normal in thickness with a smooth mucosal surface.

The right kidney is normal in size (4.2 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

The left kidney is normal in size (3.8 cm), shape and echogenicity. It has smooth peripheral margination. There is a normal 1:3 cortex to medulla ratio with appropriate corticomedullary distinction. There is no evidence of pyelectasia, mineral or infarcts observed.

Adrenal Glands

The right adrenal gland is unable to be fully visualized in these images.

The left adrenal gland is normal in size (0.37 cm), shape and contour. Corticomedullary structure is unremarkable. Visible surrounding vasculature appears normal.

Spleen

The spleen is subjectively normal in size with a normal smooth capsular contour. Parenchyma is appropriately finely textured and homogenous with normal echogenicity relative to surrounding tissue (hyperechoic to liver). No focal nodules or masses are observed. Splenic vasculature appears normal.

Liver

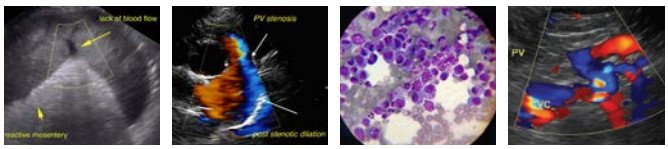
The liver is subjectively normal in size with normal smooth curvilinear peripheral contour. Parenchyma is appropriately hypoechoic to the spleen in echogenicity and appropriately mildly coarse and homogenous in echotexture. No focal lesions are observed. Visible vasculature and biliary tree appear normal without distension or congestion.

An incidental anatomic variant of a bilobed gallbladder is noted. The gallbladder is non-distended in size. The wall is smooth without visible thickening. Luminal contents are primarily anechoic. There is no evidence of cystic or common bile duct dilation.

Gastrointestinal

The stomach wall is mildly thick, measuring between 0.60-0.75 cm in thickness approaching the pyloric antrum, with some concerning early loss of layering appreciated. The lumen of the stomach is empty with no evidence of obstruction, foreign material or infiltrative disease. Pyloric outflow tract appears patent.

The visible small intestines are normal in wall thickness and layering. Small intestinal motility appears adequate (1-3 contractions per min). The lumen of the small intestine is mildly distended with echogenic



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non-shadowing luminal contents and gas consistent with normal ingesta. There is no evidence of obstruction, foreign material or infiltrative disease.

The visible colon is normal in wall thickness (< 0.2 cm) and layering. Contents are consistent with normal formed feces and gas.

Pancreas

The pancreatic parenchyma is appropriately isoechoic to surrounding tissue. Visible capsule is smooth and normal in contour. There is no visible pancreatic duct dilation. There is no evidence of active peripancreatic inflammation.

Free Abdomen

There is no evidence of free peritoneal effusion noted in these images.

There is no apparent lymphadenopathy noted in these images.

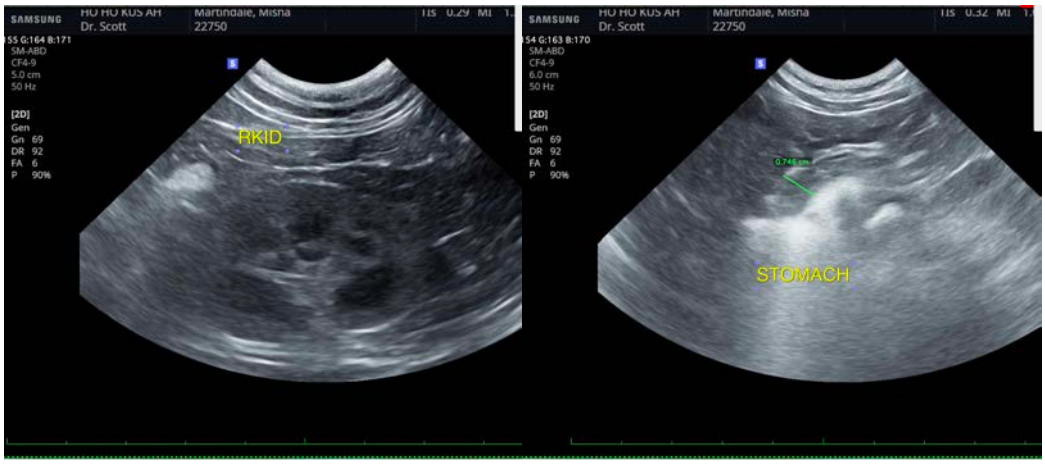
ULTRASONOGRAPHIC FINDINGS

- Mild gastric wall thickening – Differentials include both benign infiltrative inflammatory disease potentially secondary to chronic vomiting, as well as primary infiltrative neoplastic disease, which cannot be differentiated without tissue sampling.

INTERPRETATION OF THE FINDINGS & FURTHER RECOMMENDATIONS

A gastrointestinal malabsorption panel (including cobalamin, folate, TLI and PLI) to Texas A&M GI Laboratory is recommended for further evaluation of GI and pancreatic function.

Upper GI gastroscopy/endoscopy for further visual evaluation as well as biopsies is recommended to try to obtain a definitive diagnosis and therefore manage this patient's chronic vomiting. If a conservative approach is elected, management of gastritis with antiemetics, gastroprotectants, empirical deworming with a 5-day course of Panacur, and potentially, if tolerated, transition in diet based on patient response, beginning potentially with a hydrolyzed protein diet, could be considered, with recheck imaging of the stomach when active vomiting is not occurring to help determine whether the mild gastric wall thickening is secondary to the active vomiting, versus the primary underlying cause.



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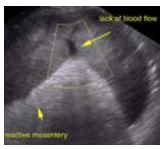
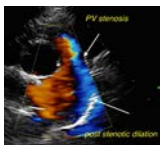
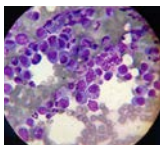
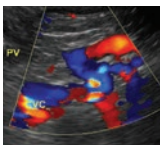

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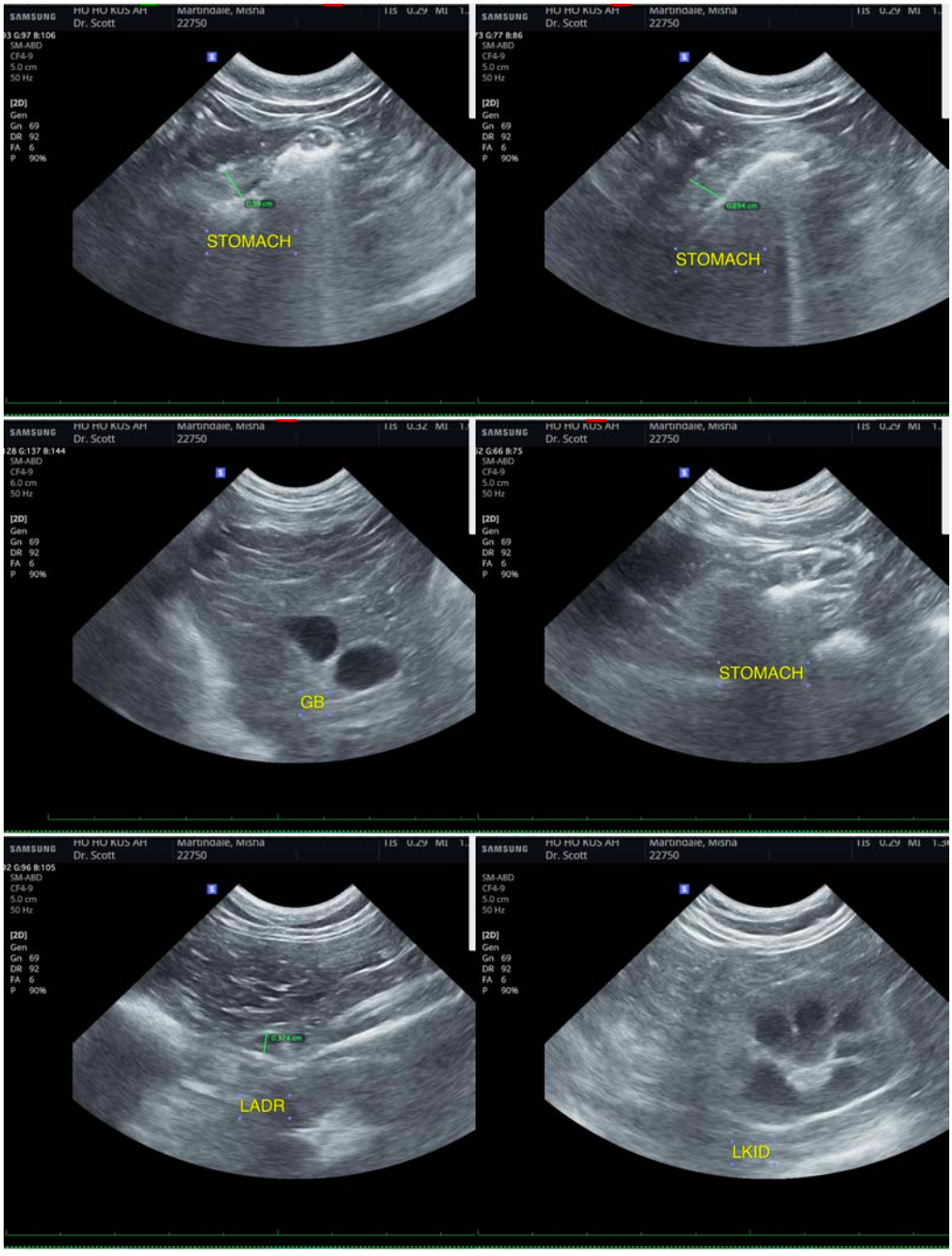

The information and recommendations provided are based on the images presented by the referring veterinarian/sonographer. No evaluation can be communicated regarding pathology that was not visible in the image/video clips provided.

Thank you for this referral. If the clinical or image interpretation does not parallel your findings or if I can be of any further assistance please contact me.

Beth Johnson, DVM, DACVIM
Beth.Johnson@sonopath.com